FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-028									
Estimated average h	urden									

hours per response:

0.5

	Check this box if no longer subject to	
\neg	Section 16. Form 4 or Form 5	
_	obligations may continue. See	
	Instruction 1(b).	

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* SOONG RAYMOND						2. Issuer Name and Ticker or Trading Symbol DIODES INC /DEL/ [DIOD]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>300N</u>	G KATW	<u>UND</u>			-									X Director			10% Ow	ner	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 06/10/2010								Officer below)	Officer (give title below)		Other (s below)		
15660 D	ALLAS PA	RKWAY			ľ	0/10/	_010												
SUITE 850					_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)													- 1	,	ed by One	Penor	tina Person		
DALLAS TX 75248														X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(5	State)	(Zip)																
		Ta	ıble I - N	on-De	rivati	ve S	ecur	rities A	quire	d, Di	sposed o			y Owned					
Date			Date	ate //onth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Disposed O		s Acquired f (D) (Instr.	(A) or 3, 4 and 5)	Securitie Beneficia Owned F	eneficially wned Following		Direct Indirect I	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s)			Instr. 4)	
Diodes Inc. Common Stock 06/10/2					.0/201	.010		M ⁽¹⁾		177,188	A	\$7.086	4 321	,438 D		D			
Diodes Inc. Common Stock 06/10/2				.0/201	.010		S ⁽³⁾		70,000	D	\$17.901	251,438		D					
			Table II						. ,		posed of, convertil		,	Owned					
Security or Ex (Instr. 3) Price Deriv	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr 8)				6. Date I Expirati (Month/	on Da			ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transacti	ve es ially ng	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	ion(a)			
6/12/00 DIOD	\$7.0864	06/10/2010			M			177,188	06/12/20	001 ⁽²⁾	06/12/2010	Diodes Inc. Common	177,188	\$0	0		D		

Explanation of Responses:

- 1. Exercise pursuant to previously filed 10b5-1 Plan.
- $2.\ Non-qualified\ Stock\ Options\ exercisable\ in\ three\ equal\ annual\ installments\ beginning\ 06/12/2001.$
- 3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$17.72 to \$18.17, inclusive. The reporting person undertakes to provide to Diodes Incorporated, any security holder of Diodes Incorporated, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote (3) to this Form 4.

Richard D. White as Power of Attorney for Raymond Soong

06/11/2010

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.